

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # H01272**

1. Entity Name

**APPLIED SYMBOL TECHNOLOGY, INC.****FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90115 040 \*\*\*150.00

0290597

Principal Place of Business

Mailing Address

C/O MICHAEL R. NYS  
2859 N. MILLER DR.  
PALM BCH GRDNS FL 33410-1129C/O MICHAEL R. NYS  
2859 N. MILLER DR.  
PALM BCH GRDNS FL 33410-1129

2. Principal Place of Business

19611 TRAILS END TER

Suite, Apt. #, etc.

3. Mailing Address

19611 TRAILS END TER.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

JUPITER, FL

City &amp; State

JUPITER, FL

4. FEI Number

59-2503915

Applied For

Not Applicable

Zip

33458

Country

U.S.

Zip

33458

Country

U.S.

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NYS, MICHAEL R.  
2859 N. MILLER DR.  
PALM BCH GRDNS FL 33410

7. Name and Address of New Registered Agent

Name

MICHAEL R. NYS

Street Address (P.O. Box Number is Not Acceptable)

19611 TRAILS END TERRACE

City

JUPITER, FL

FL

Zip Code

33458

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

MICHAEL R. NYS

01-08-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
NYS, MICHAEL R.  
2859 N. MILLER DR.  
PALM BCH GRDNS FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
MICHAEL R. NYS  
19611 TRAILS END TERRACE  
JUPITER, FL. 33458 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MICHAEL R. L. NYS

JAN 10, 2001 561-74-4136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)